

# Wisconsin Department of Safety and Professional Services

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1400 E. Washington Avenue  
Madison, WI 53703

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Website: http://dps.wi.gov

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### MUSIC, ART AND DANCE LICENSE TO PRACTICE PSYCHOTHERAPY APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

A person registered as a Music, Art or Dance Therapist may be granted a license to practice psychotherapy under rules promulgated by the Department in sections SPS 140 through SPS 142 of the Wisconsin Administrative Code for granting such a license.

- If you are not already registered as a Music, Art or Dance Therapist with this Department and are applying for a license to practice psychotherapy, please complete the application for registration (form #2425) and this application for licensure.
- If you are already registered as a Music, Art or Dance Therapist with this Department and are now applying for a license to practice psychotherapy, please complete this form.
- If you are applying for registration only, please do not complete this form.

☐ Your name and address are available to the public.  
☐ Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

#### PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number ( ____ ) ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

**APPLICATION FEES:** Make one check payable to DSPS for the total DSPS fee and attach to this application.

**For Receipting Use Only**

#### Exam Applicants

\$ 75.00 Initial Credential Fee  
\$ 75.00 State Law Exam Fee  
**\$ 150.00 Total Fee Attached**

#### Reciprocity

\$ 107.00 Reciprocal Initial Credential Fee  
\$ 75.00 State Law Exam Fee  
**\$ 182.00 Total Fee Attached**

# Wisconsin Department of Safety and Professional Services

- ☐ I am applying for **initial licensure**. (Complete **a** through **g** in the appropriate section below.)
- ☐ I am already registered as a Music, Art, or Dance Therapist with this Department.
- ☐ I am applying **by reciprocity** based on a credential in another state. (Complete **b**, **c**, **d** and **h** in the appropriate section below.)

## 1. Music Therapist

- ☐ **a.** I am a Music Therapist Registered with the Wisconsin Department of Safety and Professional Services (WMTR) (or with this application will become so registered). Registration # \_\_\_\_\_.

- ☐ **b.** I have included payment for fees as specified below.

- ☐ **c.** I have completed the Convictions and Pending Charges form, if applicable.

- ☐ **d.** I have completed and am returning the Wisconsin Statutes and Rules examination that was included in the application packet.

- ☐ **e.** I hold a Master's or Doctorate degree in Music Therapy from a program approved by the American Music Therapy Association (AMTA), or a Master's or Doctorate degree in a related field recognized and accepted by the AMTA and the Certification Board for Music Therapists.

Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_

- ☐ As confirmation, I have sent a Certificate of Professional Education form to my degree-granting institution.

- ☐ **f.** I have completed 3,000 hours of Music Therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and the primary supervisor met with me an average of one hour per week during the supervised practice period.

- ☐ My primary supervisor was:

Name: \_\_\_\_\_

Credential and Credential Number: \_\_\_\_\_

- ☐ My primary supervisor was not a registered Music Therapist. I therefore received additional supervision from a registered Music Therapist as my secondary supervisor, for at least 1,500 hours of Music Therapy. (The supervision by primary and secondary supervisors may occur during the same period.)

- ☐ My secondary supervisor was:

Name: \_\_\_\_\_

Credential and Credential Number: \_\_\_\_\_

- ☐ I have provided copies of the supervised practice form to my primary supervisor (and if appropriate, to my secondary supervisor), to be sent directly to the Department of Safety and Professional Services.

- ☐ **g.** I have passed the examination required for certification by the Certification Board of Music Therapists (CBMT), and have contacted the CBMT to verify that directly to the Department of Safety and Professional Services; or I hold registry from the National Music Therapy Registry (NMTR) and have contacted the NMTR to verify that directly to the Department of Safety and Professional Services.

- ☐ **h.** I hold a license to use psychotherapy in the practice of music therapy in another state, \_\_\_\_\_, and I have sent a Verification of Credential form to the authorities in that state.

# Wisconsin Department of Safety and Professional Services

## 2. Art Therapist

- ☐ a. I am an Art Therapist Registered with the Wisconsin Department of Safety and Professional Services (WATR) (or with this application will become so registered). Registration # \_\_\_\_\_.
- ☐ b. I have included payment for fees as specified below.
- ☐ c. I have completed the Convictions and Pending Charges form, if applicable.
- ☐ d. I have completed and am returning the Wisconsin Statutes and Rules examination that was included in the application packet.

- ☐ e. I hold a Master's or Doctorate degree in Art Therapy from a program accredited or approved by the American Art Therapy Association (AATA) or a program recognized as equivalent by the Art Therapy Credentials Board (ATCB).

Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_

- ☐ As confirmation, I have sent a Certificate of Professional Education form to my degree-granting institution.
- ☐ f. I have completed 3,000 hours of Art Therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and the primary supervisor met with me an average of one hour per week during the supervised practice period.

- ☐ My primary supervisor was:

Name: \_\_\_\_\_

Credential and Credential Number: \_\_\_\_\_

- ☐ My primary supervisor was not a registered Art Therapist. I therefore received additional supervision from a registered Art Therapist as my secondary supervisor, for at least 1,500 hours of Art Therapy. (The supervision by primary and secondary supervisors may occur during the same period.)

- ☐ My secondary supervisor was:

Name: \_\_\_\_\_

Credential and Credential Number: \_\_\_\_\_

- ☐ I have provided copies of the supervised practice form to my primary supervisor (and if appropriate, to my secondary supervisor), to be sent directly to the Department of Safety and Professional Services.
- ☐ g. I have passed the examination required for certification by the Art Therapy Credentials Board (ATCB), and have contacted the ATCB to verify that directly to the Department of Safety and Professional Services.
- ☐ h. I hold a license to use psychotherapy in the practice of art therapy in another state, \_\_\_\_\_, and I have sent a Verification of Credential form to the authorities in that state.

# Wisconsin Department of Safety and Professional Services

## 3. Dance Therapist

- ☐ a. I am a Dance Therapist Registered with the Wisconsin Department of Safety and Professional Services (WDTR) (or with this application will become so registered). Registration # \_\_\_\_\_.
- ☐ b. I have included payment for fees as specified below.
- ☐ c. I have completed the Convictions and Pending Charges form, if applicable.
- ☐ d. I have completed and am returning the Wisconsin Statutes and Rules examination that was included in the application packet.
- ☐ e. I hold a Master's or Doctorate degree in Dance Therapy or Dance/Movement Therapy approved by the American Dance Therapy Association (ADTA), or have fulfilled the requirements of a program recognized by the ADTA as equivalent to a master's or doctorate degree in dance therapy or dance/movement therapy.
- Degree: \_\_\_\_\_ Date: \_\_\_\_\_
- Institution: \_\_\_\_\_
- ☐ As confirmation, I have sent a Certificate of Professional Education form to my degree-granting institution.
- ☐ f. I have completed 3,000 hours of Dance Therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and the primary supervisor met with me an average of one hour per week during the supervised practice period.
- ☐ My primary supervisor was:
- Name: \_\_\_\_\_
- Credential and Credential Number: \_\_\_\_\_
- ☐ My primary supervisor was not a registered Dance Therapist. I therefore received additional supervision from a registered Dance Therapist as my secondary supervisor, for at least 1,500 hours of Dance Therapy. (The supervision by primary and secondary supervisors may occur during the same period.)
- ☐ My secondary supervisor was:
- Name: \_\_\_\_\_
- Credential and Credential Number: \_\_\_\_\_
- ☐ I have provided copies of the supervised practice form to my primary supervisor (and if appropriate, to my secondary supervisor), to be sent directly to the Department of Safety and Professional Services.
- ☐ g. I have passed the National Board for Certified Counselors (NBCC) examination or other certification examination approved by the American Dance Therapy Association (ADTA), and have contacted NBCC or ADTA to verify that directly to the Department of Safety and Professional Services.
- ☐ h. I hold a license to use psychotherapy in the practice of dance therapy in another state, \_\_\_\_\_, and I have sent a Verification of Credential form to the authorities in that state.

# Wisconsin Department of Safety and Professional Services

## CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

\_\_\_\_\_ a citizen or national of the United States, or

\_\_\_\_\_ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

## ALL APPLICANTS MUST COMPLETE THIS SECTION

### AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

(Applicant name)

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

# Wisconsin Department of Safety and Professional Services

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

**(Please Print)**

**First Name****Middle Initial**

**Last Name**

## Profession

Date of Birth

month

day

year

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

**EMAIL ADDRESS:**

**Do you have an email address?**

☐ Yes

☐ No

**If yes**, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

**EMAIL ADDRESS:** Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

**If no,** your checklist will be sent by first class mail.

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996